SPEECH OF HONORABLE JOHN E. FOGARTY, M.C., 2ND DISTRICT, RHODE ISLAND AT THE KENT COUNTY COMMITTEE
MARCH OF DIMES/MEETING AT MARY'S RESTAURANT, 2003 POST ROAD
WARWICK, R. I. ON THURSDAY EVENING, JANUARY 12, 1956 AT 7:30

It gives me a great deal of pleasure to speak on this occasion arising from public interest in the March of Dimes.

I have been concerned with poliomyelitis for many years. I have spoken about poliomyelitis on many occasions. But I can think of no time in my lifetime when my concern on this subject has been deeper, or my desire to speak more intense.

I say this because I see 1956 as the most critical year in the conquest of this dread disease.

Those who keep abreast of progress against illness, as I try to, and I know you do, are aware of how seeimingly uncertain that conquest can be. It starts, always, with a problem -- a problem that plagues the body and spirit of man, and challanges the conscience and curiosity of medical science. As knowledge is accumulated, and as the pieces of knowledge begin to fit together, there is a ray of hope, which flickers

and steadies and grows dim and bright, until finally the problem is illuminated by the sum of all knowledge, and another weapon in the control of disease is ready for use.

In the case of the vaccine against poliomyelitis, the sequence of events has followed this traditional pattern. Medical science knew a great deal about the infectious diseases. But this one seemed to offer special challenges. The disease seemed to strike at random. The cause of the disease was unknown. Even after it became clear that a virus was involved, the way that the virus spread, the way it entered the body, the non-paralytic nature of most cases -- all of these remained puzzling. And above all, literally nothing was known about prevention of the disease. Yet, a bit at a time, by men widely separated in time and in place and in training and in auspices, progress was made.

To many of us, as laymen, the individual steps may have seemed inconsequential. Too often, it seems to me, we

we are prone to measure merely the end product, and brush aside or disregard the long and often indirect processes by which the end product is achieved. But scientists knew the importance of each step -- such as isolating and typing the many polio viruses, and making it possible to study polio in experimental animals, and finding ways to grow polio viruses in quantity. As in all human endeavor (and science is, in some respects, one of the most human of all man's labors), there were many failures paralleling the successes. And, as in man, the failures made their own kind of unique contribution to total progress.

In the last several years, we have reached an important milestone in this evolutionary process. Largely through the stimulus and support of the National Foundation of Infantile Paralysis, and paced by the brilliant young scientist from the University of Pittsburgh, Dr. Jonas Salk, a successful vaccine against paralytic poliomyelitis has been made, tested, and is now in wide public use.

I will not attempt to summarize the significance of this development, nor will I try to convey all the things I feel about this great advance in medicine and public health. The significance of the vaccine is well documented, and I am sure all of us share the same feeling of gratitude that the way is finally open to reduce and ultimately, perhaps, eliminate the disease which attacks and either kills or cripples so many of our children and young adults.

Instead, from my own particular vantage point, I would like to look back for a moment -- and then look ahead.

Before I do this, I should describe briefly what my vantage point is. I am a parent -- no special distinction in itself, but a fact which makes one view poliomyelitis in a special kind of perspective and from an intensely personal point of view. Moreover, I am, and for more than a decade have been, the elected representative of many thousands of parents and other citizens. This fact gives me a sense of responsibility to initiate or support measures which relate

to the well-being of my constituents and of the American people. Beyond this, for the past ten years I have been a member and am now chairman of the committee in the House of Representatives which is responsible for the level of health and related activities in the Department of Health, Education, and Welfare. In this latter capacity, I have become quite familiar with developments in Washington that relate to poliomyelitis vaccine, and particularly with the role of the Public Health Service in licensing, releasing, and distributing the vaccine.

The few points I wish to make -- looking back on 1955, and forward to 1956 -- are derived from the sum of these experiences.

Now, to look back.

(1) I feel that the development of the polio vaccine is a brilliant testimonial to the effectiveness of the processes of medical science and to the values of both the public and

private participation in health matters. As is true in other aspects of our democratic system, there is strength in diversity of medical research and its application in clinical and public health practice. In this case, the National Foundation, medical schools and universities, other private research centers, industry, and the Federal government, each contributed to the total advance -- and each made its contribution not of itself but in the name of the people who are the very heart of organization and action.

(2) The vaccine against poliomyelitis was carried through successive developmental steps at an unprecendented rate of speed. Barely three years elapsed between the first experimental vaccine made by Dr. Salk and the large-scale use of commercial vaccine. This was a heartening demonstration of the ability of this country to mobilize quickly and generously in support of a measure which promised to bring important health gains to the American people.

(3) Last year bore witness to the fact that speed and pressure and high expectation can be damaging to some of the normal checks and balances of medical science. Therein, it seems to me, lies one of the great lessons to be learned from our first year with the vaccine. I do not mean to imply that the vaccine was not ready for use or that any overt act took place which was not in the best public interest. I think it is quite clear, however, that the natural urge to move ahead quickly--to save lives that would be lost by delay--was an important factor during the temporary setback of the vaccine last spring and early summer. In this connection, it is well to remember that there are few absolutes in medical science. It is simply not possible to produce on short notice an unlimited supply of vaccine....just as it is not possible to make any vaccine which can be absolutely guaranteed to be 100% effective.

(4) As you know, many accusations, some of them serious, have been leveled at the Public Health Service for its part in the vaccine difficulties last spring. I would like to share with you my personal conviction that, on the contrary, the Service acted with singular courage and integrity. I will not go into the scientific issues here. But--after the tragic circumstance which found several lots of vaccine seeming to cause paralytic polio among vaccinated children--the Public Health Service chose a difficult and unpopular course of action. They delayed mass immunization programs and held up release of vaccine until they could find a way to give greater assurance of the safety of the vaccine. Subsequent events have proved the wisdom of that decision. No lot of vaccine has been implicated in any way since production has been resumed under revised standards.

(5) Another development during the past year has been new evidence of the ability and willingness of medical science to act as a cooperative whole in the public interest. I refer most specifically to the distinguished scientists who have assisted the Public Health Service in the continuing resolution of problems posed by vaccine production and testing, as well as to the scientific and technical representatives of industry. Without the counsel and assistance of these individuals, the vaccine program might never have been resumed following the break in April.

(6) Last year, through legislation which I sponsored and supported, there was a splendid demonstration of the ability of the States to plan and carry out their own programs so that the available vaccine could be used among the most susceptible age groups. The Poliomyelitis Vaccine Assistance Act permitted the States to pick up where the National Foundation's free vaccination program left off, and it is reasonably

certain that additional money will be made available by the Federal government to purchase vaccine for the States this year. I see in this voluntary, cooperative effort the characteristics of a sound national health program, in which broad latitude for private application is coupled with government interest to assure that the benefits of medical and public health measures are available to all.

(7) In summary, 1956 saw nearly 30 million shots of polio vaccine produced and released, confirmation of the field trial data relating to the effectiveness of the vaccine, a major reduction of polio among vaccinated children, and a measurable reduction of polio among the total population. These are results of which we as a Nation may be intensely proud.

I said at the beginning of my talk that I see 1956 as the most critical year in the conquest of poliomyelitis. Here are some of the reasons for this view:

(1) There is a clear challenge to industry and government to continue to make improvements in the production and testing of the vaccine, and to make vaccine available in ever-increasing volume. Products of this kind are always being modified in the light of new data and new experience. I understand that in a year or two it may be possible to change one of the virus strains in the vaccine to increase safety without losing effectiveness. There may be a suggested change in dosage schedule. There may even be a basic change in the vaccine itself. In any case, the expectation is that the search will go on to find ways to increase the usefulness and practicability of the vaccine that has been so successfully launched.

(2) Another challenge is to the medical and public health professions. With almost a year of experience behind us, it becomes imperative that there be strong programs of professional and public education to remove whatever lingering doubts there may be concerning the safety and

effectiveness of the vaccine. In this connection, I was pleased to note that our neighboring state of Massachusetts has just decided to resume its polio vaccination program. The Bay State suffered a tragic polio experience this spring and summer, and it is devoutly to be hoped that soon it may not be possible for this to happen again.

(3) a Third challenge is to the people themselves. It would be easy to assume that the fight against poliomyelitis is virtually won. Nothing could be further from the truth. No battle against disease is ever won, in a sense. In the case of poliomyelitis, we have not even neared the point of partial relaxation. We must drive to improve and increase the supply of vaccine. We must find effective ways to broaden its use. We have yet to establish the duration of immunity, or to establish with a high degree of certainty the best times and methods of vaccination. And we have yet to demonstrate that an enlightened and vitally interested people can make the vaccine fulfill its promise of virtually eliminating

this disease from our country and ultimately from the face of the earth.

(4) Most important of all, it seems to me, is our continuing responsibility to provide for the special needs of the individuals and their families who have suffered from this affliction in the past and will suffer in the future. Here is an opportunity with few parallels for the American people to show their capacity for brotherhood. We live together as neighbors, and our community of interests grows. The March of Dimes is a dramatic testimony to this fact. It works in all the areas of challenge for 1956. It gives assistance to those who must be helped, and enables many to recover from or to be happy and productive in spite of their affliction. It supports vital research, and it conducts broad educational programs which are essential for progress.

I commend its activities not only for what they are, but also for what they represent.

I have spoken of the past and of the future. And I have limited my remarks to poliomyelitis, because that is your special interest and the focus of this special occasion.

I should like to close with an extension of these remarks to the total health field.

Good health is an essential resource of the American people. It is not just absence of disease, but rather it is complete physical and mental well-being. Believing as we do in the individual and in the importance of his contributions to the group, we must believe that each individual should receive the best that medical science and clinical and public health practice can provide.

One way to do this is through medical research. The Nation must provide a strong research structure, both in the basic sciences and in the fields more directly related to disease.

Another way is through strengthened and expanded

medical care and public health programs. It is certainly true that the nation must extend the benefits of today's knowledge, both more and more effectively and to more and more people.

We are committed to the search for progress in health through partnership, public and private, professional groups and laymen. There has been ample evidence that we have the capacities and the incentives for such progress. It is my hope and firm conviction that we can direct and conduct our efforts so that ultimately cancer, heart disease, mental illness, and the other diseases which kill or cripple millions of American people can be brought under control.

This is the promise that can be seen for poliomyelitis. When I talk with groups of this kind, I am certain that the promise will be fulfilled.